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Secure Youth Detox Process/Impact Evaluation:

April 2006 to March 2007

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Executive Summary

This report presents the final results of the Process/ Impact Evaluation of Secure Youth Detox in Saskatchewan covering the period of April 2006 to March 2007. This evaluation was undertaken to assess the implementation of *The Youth Drug Detoxification and Stabilization Act*, its subsequent programming and the immediate impact of the legislation, which was proclaimed on April 1, 2006. The legislation is intended to engage drug-addicted youth who are resistant to voluntary services. It focuses on meeting the needs of 12 – 17 year old youth who are substance users/abusers/chemically dependent; at risk (or danger) to themselves or others; resistant to interventions; challenging for professionals to engage in services; and typically not served on a voluntary basis. The legislation contains provisions for interventions, based upon assessed medical necessity, in the form of an involuntary Detoxification Order, to be served in a secure facility, or a Community Order, to be served in the youth's community.

An evaluation of the legislation was necessary to gather information on the population that the Act was intended to serve, to gauge how this legislation was being implemented and whether any changes were needed and to ensure accountability of the programs and services provided by Saskatchewan Health and Health Regions.

A literature review was undertaken to provide information on the target population, numbers of youth who may benefit from this legislation and documented best practice. It was found that evidence-based literature examining mandatory substance abuse treatment is extremely limited. There is a similar lack of literature around best practices in youth detoxification and stabilization practices. Overall themes suggest that youth's needs must be recognized as being inherently different than those of adults, that a focus should be placed on harm reduction strategies, and that a commitment to long-term treatment should be used when dealing with substance abusing youth.

Facility data, stakeholder interviews and satisfaction surveys were utilized to answer the five evaluation questions that were developed by the working group to guide the evaluation process:

1) Who are the youth being served under this legislation?
2) To what extent are youth's rights protected under this legislation?
3) Are services adequate to meet the requirements of the legislation?
4) Is the program meeting its objectives?
5) What is the immediate impact of the program and legislation?

It appears that the youth receiving services under the Act are, to a certain extent, the intended target group; however, with no available statistics in the province or literature there is no way to determine that the percentage of youth population who have accessed the facility is appropriate. Also, some interviews suggest that there are youth who are in need of service and are not yet accessing the facility. Further research may reveal

additional data on whether youth are being missed or whether an appropriate percentage of youth are being seen under the Act.
There are a number of processes in place to ensure that all of the youth who are admitted to the Secure Youth Detox Centre (SYDC) meet the criteria under the Act yet this evaluation shows that there are concerns that some youth who may not meet the criteria are still being admitted. The report suggests that increased detoxification and stabilization resources may prevent some of these admissions.

The data suggests that the programming to support the legislation is resource intensive as compared to other detox services. Over and above the cost of the facility, the Review Panels, Official Representatives and the outreach workers, sixty-five per cent of the youth who are admitted are transported by law enforcement agencies that must remain with the youth until both physicians have completed their assessment. Transportation is seen as a challenge in meeting the requirements of the legislation. Even with recent amendments to the legislation, transportation continues to be a perceived challenge as the facility is located in southern Saskatchewan but is intended to serve youth across the province.

A lack of research and best practice evidence to use as a proxy coupled with an apparent misunderstanding or miscommunication with stakeholders surrounding the facility's objectives (i.e., detoxification and stabilization) and the lack of operational definitions make it difficult to determine whether the program is meeting its objectives. Qualitative data suggests that service providers understand the facility's goal of detoxification and instinctively know that the youth need or should obtain a level of stabilization. However, there appears to be differing interpretations of the meaning of stabilization as it relates to this facility and therefore some confusion regarding the level of stabilization that is to be reached by the youth prior to discharge.

Minimal data has been collected documenting the immediate impact of the legislation. The facility had agreed to contact the youth and their caregivers or the service providers in order to document whether the youth have followed through with at least one service/recommendation on the discharge plan. This did not occur in certain situations for a variety of reasons (e.g., staff were on strike for a period of time and replacement staff were not able or not aware of the process) and therefore the data was unavailable.

Feedback received from the Advisory group during evaluation discussions revealed a concern regarding the lack of physicians available in each health region that are able to assess a youth for a Detox Order or Community Order. This is an area that will need to be addressed.

Limitations to this evaluation included: data regarding substance of choice, which is self reported by youth and may not be accurate; missing data or data not being available (e.g., follow-up data from the facility and data from the courts); the sample size was limited, as such it may not be representative of the groups interviewed or surveyed; in addition the time frame in which the evaluation was conducted may not have been long enough to fully evaluate the implementation of this legislation.

The following recommendations are made as a result of this evaluation:

1. **Saskatchewan Health should review the criteria of giving Community Orders to youth upon discharge from the facility.**
While the background documents state that Community Orders should be used pre, post or as an alternative to Secure Youth Detox, the current legislation is written such that the youth would need to meet the criteria for a Community Order regardless of when it is given.

2. **The number of physicians who are able to assess a youth under the Act needs to increase. Physicians need to be available in each health region.**
Based on feedback from the Advisory group, the lack of physicians available to conduct assessments under the Act is a concern for many health regions and reportedly impacts their ability to utilize the services available through the legislation.

3. **Saskatchewan Health along with regional health authority staff should consider providing ongoing training sessions and networking opportunities with stakeholders.**
All of the people interviewed were asked whether they want or need more training responded "yes". In order to ensure youth's rights are protected and that stakeholders abide by the regulations of the Act, they must understand the processes associated with the legislation.

4. **Saskatchewan Health should monitor and conduct a further review of transportation needs.**
Interviews revealed that at the time of this evaluation transportation to the facility was a significant perceived issue with stakeholders. This may no longer be the case as there have been changes made to the legislation, but it may still be necessary to monitor this area.

5. **The Facility Steering Committee should be asked to review the data on the number of youth who are in the facility but potentially do not meet the criteria for admission and provide feedback to Saskatchewan Health to clarify the criteria and provide information regarding admission procedures to ensure appropriate application of the Act.**

6. **Saskatchewan Health should be vigilant in monitoring the original intention of the Act and review the regions' operationalization of processes to ensure that program drift does not occur.**
The background documents support, and current statistics show, that youth who are new to the system can meet the criteria for admission.

7. **Saskatchewan Health, in collaboration with health regions should develop operational definitions and criteria for the terms *stabilization* and *detoxification*.**
These definitions could be formalized within a policy manual. Communication within Health and the use of language could also be guided through the

development of a policy manual. This would ensure consistent service delivery and application of the Act.

8. **Saskatchewan Health and the Implementation and Evaluation Advisory Committee for the new addictions initiatives should review the evaluation and data collection processes.**
As some data was not able to be collected, (e.g., follow up data from the facility and information from the courts) and some of the evaluation processes had limitations a review of the lessons learned during the evaluation process should be conducted.

9. **If an outcome evaluation of this program is to be considered, thought should be given by the evaluators to the lack of best practice evidence against which to measure the outcomes, and whether the attribution of outcomes to the facility can even be obtained**.
If this is to be undertaken, a measure such as the Teen Addiction Severity Index (T-ASI) or other similar tool could be used to measure several life domains other than substance abuse.

Introduction

This report presents the results of the Process/Impact Evaluation of the Secure Youth Detox program. This evaluation was undertaken to: assess the immediate impact of *The Youth Drug Detoxification and Stabilization Act*, examine the population the Act is serving, review the legal processes within the legislation, make recommendations for the future, including the permanent facility, and determine whether the facility was meeting its intended objectives.

A working group was formed to oversee and complete this evaluation. Membership included facility staff from the Regina Qu'Appelle Health Region (RQHR), Saskatoon Health Region (SHR) staff, Alcohol and Drug Consultants and Research and Evaluation staff from Saskatchewan Health. The Research, Evaluation and Central Support (RECS) Unit in the Community Care Branch (CCB) provided leadership during the evaluation process (see Appendix A for Terms of Reference). The working group sought advice and direction from the Advisory Committee for Implementation and Evaluation for the new addictions initiatives, the Facility Steering Committee through RQHR, the Health Evaluation Network and the Directors and Executive Director of CCB.

Evaluation of Secure Youth Detox was necessary for several reasons. First, Saskatchewan Health strives to be accountable and through vigorous evaluation we can ensure results are shared and used. Secondly, *The Youth Drug Detoxification and Stabilization Act* is new legislation that is unique in many respects and, finally, when this legislation was being drafted, Saskatchewan statistics were unavailable on the number of youth who potentially met the criteria for this legislation (i.e., youth who were not accessing services but were using drugs and alcohol).

This evaluation was based on a Process Evaluation model (Formative Evaluation) focusing primarily on monitoring the Act and program implementation. Areas of focus included whether the target population is the population served, whether there are legal accountability issues, and whether the facility meets the objectives of the Act. The report also strives to provide guidance for the permanent facility. The evaluation model and the scope of the evaluation were expanded to look at the immediate impact on a youth staying at the facility.

An interim report was completed after the facility had been in operation for five months (August 2006). This report was based primarily on admission data provided by the facility and some anecdotal information from staff and Saskatchewan Justice. At the time of this report it was recommended that no changes be made to the facility.

This report was provided to program consultants and directors for information purposes. The logic model was not adjusted to reflect recommendation made in the interim report.

Background

In 2005, Saskatchewan had 1,021,080 residents. Of this number 92,635 or 11 per cent were between the ages of 12 and 17. This section of the population represents a growing segment. In 2004, Saskatchewan spent approximately $2.60 per resident on addictions services. Early in 2003, Saskatchewan's changing demographics, available statistics, anecdotal information and available research prompted Saskatchewan Health to release the Provincial Alcohol and Drug Strategy. This Strategy recognized that the increase in at-risk, multi-problem, hard-to-reach client populations was proving to be challenging for the alcohol and drug field and other human service providers. The Strategy proposed a change in the way services were delivered and resources allocated. Around this same time the public became concerned about a new and dangerous substance, Crystal Methamphetamine. A strategy was also developed to deal with this new and emerging concern.

In January 2005, MLA Graham Addley was appointed by the Premier as Legislative Secretary on Substance Abuse and Prevention, and was subsequently tasked with conducting a review of current alcohol and drug services across the province. Mr. Addley held consultations with clinicians, community groups and other individuals. He also undertook a review of best practices and the most current research on addictions and substance abuse. Mr. Addley submitted his report, entitled "Healthy Choices in a Healthy Community", to the Premier in June of 2005.

Based on the 15 recommendations contained in Mr. Addley's report, the "Premier's Project Hope" was announced on August 4, 2005. This announcement included significant new funding for addictions services over and above the $26M already in Regional Health Authority's base budgets. Several new initiatives and new treatment beds will be made available in Saskatchewan, which are especially targeted to Aboriginal and Northern residents, those who are street involved, and youth. Saskatchewan now spends over $4.60 per resident on addictions services.

In his report, Mr. Addley noted, "Another key issue with respect to treatment is the issue of Secure Youth Detox for youth needing substance abuse treatment…the issue of how to proceed with care and treatment for these individuals is complex and requires further work in consultation with key stakeholders."(Addley, 2005, p.19).

A committee including representatives from the then Ministries of Community Resources, Justice, Corrections and Public Safety, Health and later Learning, was formed to further examine the issue and feasibility of Secure Youth Detox in Saskatchewan and to consult with stakeholders and other provinces. Of utmost concern for the committee was striking a balance between the rights of youth and the needs of this group. After careful thought, consideration and a needs assessment, this committee recommended to Cabinet that legislation called *The Youth Drug Detoxification and Stabilization Act* be introduced in Saskatchewan.

Original documents, including planning documents, describe *The Youth Drug Detoxification and Stabilization Act* as being meant to:

1. Focus on meeting the needs of 12 to 17 year old youth who are:
   a) Substance users/abusers/chemically dependent;
   b) At risk (or danger) to themselves or others, should substance misuse continue;
   c) Resistant to interventions (e.g., detoxification, stabilization and treatment);
   d) Challenging for professionals to engage in services; and
   e) Typically not served on a voluntary basis (including those with a history of sexual exploitation, gang activity and mental disorders).

2. Authorize Community Orders and, as a last resort, a response of involuntary detoxification/stabilization orders, ensuring that:
   - The rights of the youth are protected through the inclusion of due process provisions and that the need for Secure Youth Detox and/or Community Orders be determined by medical necessity.

3. Contain provisions that:
   - Reduce risk of harm to self or others;
   - Intervene when a youth is unable to make rational or informed decisions; and
   - Develop an intervention based upon assessed medical necessity and enact provisions that would include:

     i. Detox Order
     - Involuntary detoxification and stabilization through an order under a medical supervisor within an existing or proposed facility which offers a safe and protective environment for youth;
     - A period of up to five days in Secure Youth Detox with the possibility of an extension for a maximum of two additional five day periods totaling a maximum of 15 days depending on the youth's needs;
     - Ensure the rights of the youth are protected through due process provisions;
     - If possible, notification to parents that an involuntary response has been initiated; and
     - Prohibit youth from leaving the Centre, using acceptable, standardized methods of intervention, which may include locked doors.

     ii. Community Order
     - Make an order of up to 30 days in the community, under medical instruction, for the safety and protection of a youth requiring detoxification and stabilization (e.g., residential conditions, requirements to contact professional/dedicated staff and follow other medical advice); and
     - Be issued either pre or post Secure Youth Detox or as an alternative to Secure Youth Detox.

The Youth Drug Detoxification and Stabilization Act was passed in the Fall 2005 sitting of the Legislature and the Act was proclaimed on April 1, 2006.

The approved budget for Secure Youth Detox was $3.135M in 2006-07, annualizing at $3.235M in 2007-08. This budget includes funds for the facility; associated operating costs for physicians, Official Representatives and Review Panels; youth outreach workers in every health region; training; and evaluation.

At the time of this evaluation, the permanent location for youth detained under this Act was to be incorporated in the Saskatoon Health Region's new Stabilization Facility. In the interim, 6 beds were made available on April 1, 2006 in a former unit of the Paul Dojack Youth Centre. The interim facility is now the intended permanent centre site. Other program components that were included in the budget were outreach and outpatient workers for every region. The regions were provided information on the amount of funds they would be allocated and a template for proposals to be submitted to Health. Regions' proposals were submitted, approved and following the completion of this report, the positions have been filled with training at the end of April 2007 for these staff members. Unfortunately, the impact of these new positions could not be evaluated as part of this evaluation process, as the evaluation covered the period from April, 2006 to March, 2007.

After consultations with stakeholders, and the Act having been in effect for a year, it was apparent that some amendments to the legislation were required. Concerns around confidentiality, transportation and ensuring that discharge planning was occurring consistently needed to be addressed. Saskatchewan Health submitted amendments and *The Youth Drug Detoxification and Stabilization Amendment Act, 2007* received Royal Assent on April 26, 2007.

Changes to *The Youth Drug Detoxification and Stabilization Act, 2006* were made in the following three areas:

1. The development of a care plan that will ensure every youth admitted into the Secure Youth Detox Centre (SYDC) will receive a plan for care upon expiration of the Detox Order, if possible;

2. Clarification of police transportation in that police have the authority to transport youth from the first physician assessment to the second physician assessment; and

3. Confidentiality, in regards to:
    a) the youth's and parent/guardian's right of access of personal health information files, including oral requests; and
    b) retention and destruction of personal health information files.

As stated earlier, despite the changes, the logic model remained consistent throughout the evaluation.

Use of Language

This report uses the term Secure Youth Detox exclusively. Although the available background information indicates that other terms such as secure care and mandated

detox were used, the legislation is called *The Youth Drug Detoxification and Stabilization Act*; however, for the purposes of this report the term Secure Youth Detox was used. As the use of language evokes strong reactions it is important that consistent language is used in correspondence and conversation regarding this legislation. The only exception to this is that the working group that has been formed with Canadian Centre for Substance Abuse, Alberta, Manitoba and Saskatchewan uses the term Mandatory Detox.

Ethics and Considerations

While Saskatchewan Health does not have an ethics committee, the working group felt it was important to consider research ethics, implications under the *Health Information Protection Act* (HIPA) and issues of consent. Appendix B includes the rationales, considerations and changes made during the process related to ethics and consent.

Evaluation Methodology

Once the working group had been formed and the Terms of Reference were agreed upon, the group identified stakeholders:

- Regional Directors of Mental Health and Addiction Services and Regional Health Authority staff;
- The Advisory Committee for the Implementation and Evaluation of for new addictions initiatives;
- Saskatchewan Health officials;
- The Children's Advocate Office and Office of the Privacy Commissioner;
- People involved in administering the legislation (including physicians, police, courts, youth workers, etc);
- Other professionals who support youth including Community-Based Organizations (CBOs), Tribal Councils and Schools; and
- Parents and youth.

The working group developed a logic model for the program (Appendix A) and agreed to the questions for the evaluation. Keeping in mind the narrow scope of the evaluation and the time frame, the working group agreed to the following evaluation questions:

1) Who are the youth being served under this legislation?
2) To what extent are youth's rights protected under this legislation?
3) Are services adequate to meet the requirements of the legislation?
4) Is the program meeting its objectives?
5) What is the immediate impact of the program and legislation?

The group then developed a timeline for the completion of the report (Appendix C) and a work plan (Appendix E), which outlined the indicators, data sources and style of analysis that would be used.

A number of evaluation methods were used in order to evaluate this project. For this evaluation, a combination of qualitative and quantitative methods were utilized (see Appendices F-M). The methods used include:

- Satisfaction Survey – satisfaction surveys were distributed to youth and their parent/guardian following discharge from the Centre.
- Interviews – a total of 10 interviews were conducted with various stakeholders as representatives of the various stakeholder groups. Those interviewed include Official Representatives, Physicians, Secure Youth Detox Centre Workers, and Police Officers.
- Descriptive Statistics – youth demographic information was collected. Statistical data was recorded in SAS Enterprise Guide, a statistical analysis database.

Analysis from each of these methods will be presented in the Results section.

Literature Review

Detoxification and Stabilization

While literature regarding youth substance abuse treatment is still catching up with demand and literature examining mandatory substance abuse treatment remains scarce, even more scant is the literature regarding detoxification and stabilization of youth. In their examination of youth substance abuse treatment, Alberta Alcohol and Drug Commission (AADAC) attempted to find research findings with recommended practices for detoxification and stabilization. However, they found that this information was limited to that "within the articles discussing residential setting interventions. Overall, detoxification and stabilization services were considered to be one initial element of an overall treatment regime" (AADAC, 2006, p.7). Similarly, the report of the New South Wales Legislative Council accepted one of their witnesses' statements that "providing detoxification does not change people's drug use or alcohol use. It provides some health gains, potentially, and may be an entrée into further treatment. The episode of detoxification, per se, is not a treatment for altering drinking or drug use. It is the way of simply managing the individual for a brief time" (Standing Committee on Social Issues 2004, p.7). It is thus clear that existing literature strongly suggests that detoxification and stabilization can not stand alone as a treatment program, and must be accompanied by further treatment. Though this is hardly enough evidence from which to generate recommendations, it is nonetheless consistent with the themes of holistic, long-term treatment present in the literature surrounding drug abuse for youth. If detoxification and stabilization is to be incorporated into a treatment strategy for youth, the literature reviewed here suggests that it be done as an initial step in a much longer term plan.

Involuntary/Mandatory Substance Abuse Treatment

Evidence-based literature examining mandatory substance abuse treatment is extremely limited and the literature that does exist gives the notion of mixed reviews. The Canadian Centre on Substance Abuse (CCSA) reviewed literature from 1971 to present and found

some positive results (2006). It found that literature surrounding the topic of mandatory or coerced treatment suggests that, although participants in involuntary treatment programs had less success than those who volunteered for treatment, the mandated treatment "can have a positive effect on a person's substance use behaviour despite being coerced to participate" (CCSA, 2006, p.1). Because "internal motivation" is a better predictor of retention than legal motivation, many "corrections-based programs (coerced) now include pre-program 'readiness' or motivational components to enhance participants' intrinsic motivation to engage in and benefit from the treatment process" (CCSA, 2006, p.1). Such positive findings are, however, limited. Rather, the overwhelming consensus suggests that there is simply a lack of credible evidence regarding best practices and efficacy of mandatory treatment. In a parliamentary inquiry into compulsory drug treatment, the Australian province of New South Wales conducted an extensive literature review as well as interviews with Australian addictions experts (Standing Committee on Social Issues, 2004). They make their opinion explicit:

> What is clear from the information before the Committee is that the evidence relating to the efficacy of compulsory treatment of non-offenders is scant. The few methodologically sound studies that have been published had equivocal findings, with mixed outcomes for those subject to coercion. … In the Committee's opinion, the absence of any substantial evidence base for benefits of compulsory treatment raises serious questions about the ethics and cost-effectiveness of instituting a compulsory treatment regime. (p.82).

In a 2002 article, Fischer, Roberts, and Kirst review the history of compulsory drug treatment in Canada. They suggest that in Canada and North America, mandatory treatment is framed by the desire to reduce fiscal costs, and increase justice system efficiency through programs such as drug treatment courts (Fischer et al., 2002). While this is highly dissimilar from Saskatchewan's Secure Youth Detox legislation and program, their findings are nevertheless consistent with others on involuntary drug treatment: "although compulsory treatment currently plays an important role in state responses to 'addiction', the effectiveness and sociolegal implications of this role remain to be elucidated by future research" (Fischer et al., 2002, p.67).

Similar results can be found in other countries. In Sweden, for example, there remains strong support for compulsory treatment despite "its lack of documented treatment results" (Palm & Stenius, 2002, p.76). The New South Wales inquiry also investigated the compulsory treatment model in Sweden, and was disappointed by the lack of evidence: "There is a very strong belief that it works, but no evidence"(Standing Committee on Social Issues, 2004, p.79). In an exhaustive review of English-language research surrounding compulsory treatment programs in North America and Europe, Wild, Roberts and Cooper (2002) found that since 1988, half of published articles on compulsory treatment have been non empirical – policy proposals, or commentaries on legal or ethical arguments surrounding compulsory treatment. They do hold out hope, however, and suggest that even though "this suggests that there is not a strong empirical base upon which to discuss these issues, data-based contributions have begun to increase in recent years" (Wild et al., 2002, p. 90).

In the literature that *does* exist on the topic, there is concern that mandatory or compulsory treatment is antithetical to the current trend of harm reduction strategies when dealing with addictions problems (CCSA, 2006). In a paper from 1999, Cameron Wild from the University of Alberta discusses the tension that exists between compulsory drug treatment programs and harm reduction, and concludes that arguments that advocate compulsory treatment as a means of harm reduction strategies suffer from a number of shortcomings. He suggests that there are a number of conflicting characteristics between compulsory treatment and harm reduction including attitudinal differences between the criminal justice system and drug treatment service providers and a lack of resources dedicated to programs following legislation (Wild, 1999). Further, he cites a lack of empirical evidence on the subject as well as substandard evaluations by existing programs as reasons to doubt the compatibility of compulsory treatment and harm reduction strategies (Wild, 1999).

The existing literature is reluctant to recommend mandatory treatment as a tool for addressing substance abuse because there is simply a lack of credible evidence to suggest that it is an effective means of addressing substance abuse. Furthermore, the literature that does examine the issue raises concerns regarding compulsory treatment's compatibility with harm reduction strategies, as well as the ethical issues inherent in such programs. The lack of evidence is amplified when the focus is on compulsory treatment for youth.

Best Treatment Practices for Substance Abusing Youth

Similar to the lack of evidence-based literature surrounding mandatory treatment, there is also a significant lack of literature surrounding best practices for youth and adolescents; Vaughn and Howard (2004) suggest that conclusions reached in their paper "are to some extent limited by the modest number of controlled evaluations of adolescent substance abuse treatment programs. By comparison, there are more than 300 controlled evaluations of alcohol dependence treatment programs in the adult literature," (p.334) leading him to suggest that more controlled evaluations are needed to assess adolescent substance abuse treatment programs. Such a lack of research is an overwhelming theme throughout existing literature on the topic. (See also Spooner et al., 1996; Winters, 1999; Muck et al., 2001; Williams et al., 2006; AADAC, 2006).

The imbalance between adult and youth substance abuse treatment in the literature is problematic because there is a consensus in the literature that substance abuse treatments for adults are inappropriate for youth and adolescents. In their literature review surrounding best practices for inpatient and detoxification programs for youth, the AADAC found that "the treatment of adolescent substance use cannot be developed based on the experiences of adult research. Specific consideration needs to be given in cognitive and developmental levels, experiences, family dynamics, peers, and type of substance abuse" (AADAC, 2006, p.6). Health Canada agrees, stating that there "is consensus among key experts, supported by the literature, that youth treatment should be separated from adult treatment and provide access to a system of care, with the type and duration of treatment matched specifically to client needs" (2001, p.ii). Other research echoes such sentiments (see for example Spooner et al., 1996; Rowe and Liddle, 2006).

It is thus necessary to focus specifically on the research based explicitly on adolescents substance abuse, which is significantly more limited in its scope than that examining best practices for adults.

The dearth of research notwithstanding, efforts have been made to expand the knowledge surrounding youth's needs when dealing with drug treatment. A 1996 Australian study conducted by Spooner, Mattick and Howard (1996) laid out a number of recommendations for treatment of adolescents with substance abuse issues. At the broadest level, they recommend that all treatments be both holistic and focused on harm reduction. More specifically, they identify a number of detailed suggestions, the first of which is the reminder that "treatment is a process, not an event … Services that assume the effect of a single intervention or period of treatment, fixes all of the client's problems for the rest of their lives, are setting themselves and the client up for failure" (Spooner et al., 1996, p.10-4). They suggest that adolescent drug treatment involve family, recreation, help to deal with accompanying problems such as sexual abuse and mental health problems, assistance with "practical problems" such as providing accommodation, skills development, gradual withdrawal, as well as mechanisms/strategies for behaviour modification (Spooner et al., 1996). The general theme of their recommendations suggests that drug treatment is not a one-time event, and that a broad range of problems in a youth's life must be confronted if the physical and medical issues pertaining to substance abuse are to be addressed.

In 2001, Health Canada released a document entitled "Best Practices Treatment and Rehabilitation for Youth with Substance Use Problems" as part of the federal government's drug strategy that reflects the multidimensional best practices strategy put forward by Spooner et al., 1996. They point out that although "reduction in substance use continues to be a major indicator of success from the point of view of many key experts, most see success in a more complex and multi-dimensional way" (Health Canada, 2001, p.51). Accordingly, their recommendations are wide-ranging in scope: highly individualized, client centred t reatment; a harm reduction model; a variety of approaches and methods; treating youth within a system of relationships; providing safe and respectful treatment; the involvement of families; a treatment that includes physical, spiritual and emotional elements; an initially least-intrusive treatment; a respect of youths' worth by staff; experiential learning; a focus on positives instead of deficits; and a program that is based on skill building that enhances self esteem.

AADAC has also put together a comprehensive review of literature relating to adolescent substance abuse treatment. Using the existing research, AADAC generated six main recommendations that are similar to those in the previous studies: the involvement of family in treatment; recognition of "critical factors" such as community, peer groups, family dynamics and dysfunctions; self confidence and self esteem; a focus on cultural elements of treatment; a responsiveness to the unique needs of individual clients; considerations for different treatment settings (they note that residential treatments do not have a higher success rate than do community or outpatient programs); and finally, contribution to the lacking body of research on the subject (AADAC, 2006). Such recommendations reflect other studies reviewed here in their focus on family, holistic considerations (environment, friends, mental health issues, culture) as well as focusing on the individual needs of patients.

In 2000, Williams, Chang, and the Addiction Centre Adolescent Research Group also reviewed existing literature and, though hesitant because of the limited evidence available, generated a number of programmatic recommendations. They found that treatment programs should "strive to be readily accessible and able to provide treatment for large numbers of people;"(p.159) that programs should develop procedures to minimize treatment dropouts; that programs should attempt to provide or arrange post-treatment aftercare; that programs should provide holistic and comprehensive services in areas like schooling, psychological, vocational, recreational issues; programs should involve a family therapy component and that programs should encourage parent and peer support (Williams et al., 2000).

In 2004, Oscar Bukstein authored a best practices guide for the American Academy of Child and Adolescent Psychiatry, published in the *Journal of the American Academy of Child and Adolescent Psychiatry*. Many of the treatment guidelines echo the recommendations put forward by other literature in the field: family involvement; comprehensive attention to wide-ranging issues such as relationships, academic/vocational functioning, behavioural problems, coexisting psychiatric problems, etc; harm reduction as an "implicit goal" (albeit with abstinence as the "explicit, long-term goal"); treatment within the least restrictive setting possible; a focus on minimizing dropout rates; encouragement and development of peer support; medication for management of cravings and withdrawals; and the possibility of twelve-step approaches as a basis for treatment. While some of these recommendations – the medication and twelve-step programs in particular – are unique to this article, many of the others remain consistent with other literature reviewed here.

Though there are some differences among these published articles, and an admitted lack of extensive literature on the subject, there remain a number of basic premises that stand out throughout existing literature:

- The recognition that the needs of youth with substance abuse problems are different than those of adults, and that treatment for adults cannot simply be replicated for youth.
- A focus on harm reduction strategies. Even those such as Bukstein (2004), who suggest that abstinence be the ultimate long-term goal, recommend harm reduction as an "interim" strategy.
- A long-term commitment to treatment. As Spooner (1996) suggests, treatment is a "process," not an "event." Accordingly, many articles suggested that post-treatment aftercare be included in any treatment plan.
- Inclusion of family members. Family therapy is nearly universally recognized in the literature as an effective method of youth drug abuse treatment, as there are often accompanying family issues involved in situations of youth with substance abuse issues.
- A holistic or comprehensive approach to treatment. Virtually all articles suggest that strategies must include more than specific substance abuse treatment, and address concurrent psychological and behavioural issues, academic/vocational

issues, self-confidence and self-esteem, and emotional/cultural/spiritual support.

Results

The results of this evaluation are divided into sub-headings that follow the five evaluation questions previously outlined.

Who are the youth being served under this legislation?

The answer to this first question takes into account three sub questions: what are the demographics of the youth who were admitted to the facility or given Community Orders?; are an appropriate number of youth receiving service?; and are there youth that should be receiving service but are still unknown to the system?

The evaluation used facility data and background information to review who the target group of youth were and the demographics of the youth who were admitted to the facility or provided with Community Orders.

This legislation covers youth who are ages 12-17 and are substance users/abusers or chemically dependent, at risk or danger to themselves or others, should substance misuse continue, resistant to interventions (i.e., detoxification, stabilization and treatment), challenging for professionals to engage in services and typically not served on a voluntary basis (including those with a history of sexual exploitation, gang activity and mental health issues).

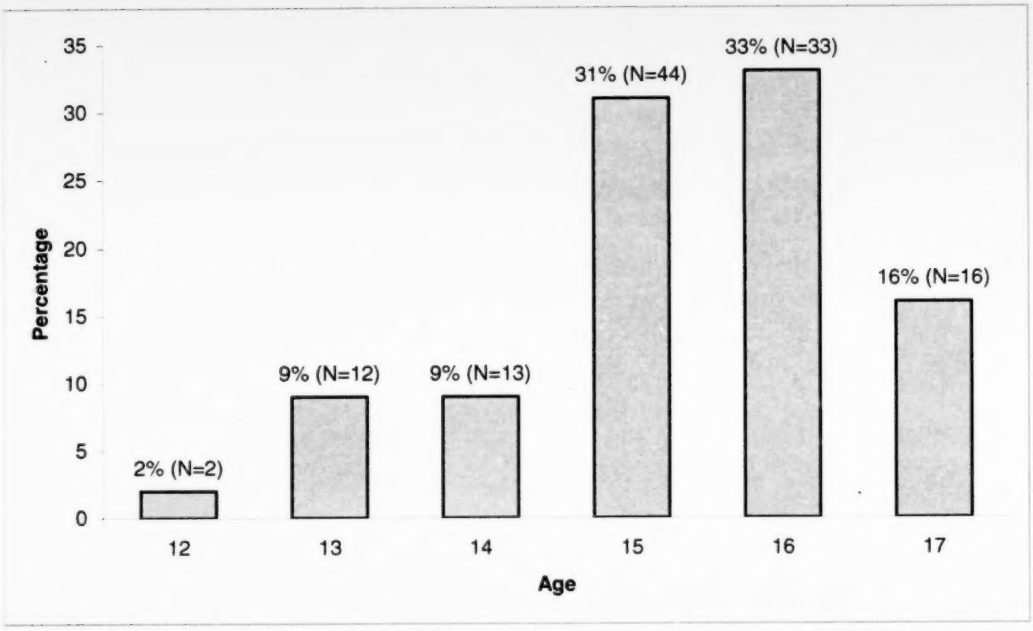
The needs assessment identified that service providers were aware of a group of youth who required services but were not engaging in services. However, their exact numbers, demographics and location were unknown to service providers or Ministries. As the literature review reveals, no studies were available to use as a proxy to determine this number either.

Statistics from the Secure Youth Detox Centre indicate that between April 1, 2006 and March 31, 2007, 142 youth were assessed under the Act, two of whom were not certified by a second physician and were subsequently not admitted to the facility. This resulted in 140 admissions accounting for a total of 117 discrete youth. Sixty-one per cent (N=85) of the admissions were female and 39 per cent (N=55) were male.

All youth admitted were between the ages of 12-17, with a mean age of 15.3. Figure 1 shows the breakdown of admissions by age.

Figure 1: Age of Youth Admitted to Secure Youth Detox Facility (N=140)

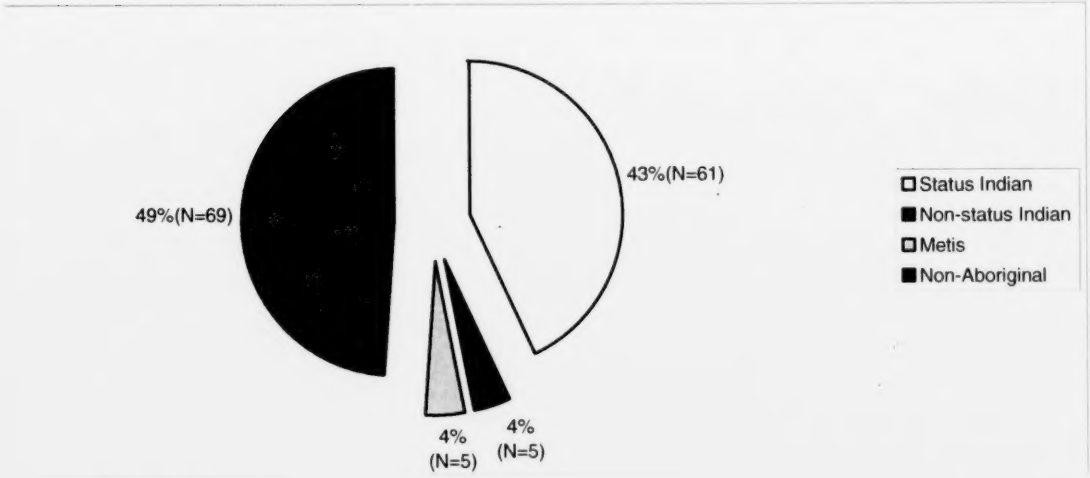
April 1, 2006 to March 31, 2007



Fifty-one percent of youth admitted are of First Nations descent (i.e., Status Indian, Non-Status Indian, or Metis). Beverly Pageau, from a comparable program in Manitoba reports a similar breakdown (i.e., 50%) (personal communication, January 10, 2008). Figure 2 shows the breakdown of admissions by ethnic background.

Figure 2: Ethnic background of youth admitted to Secure Detox Centre

April 1, 2006 to March 31, 2007



Sixty-two per cent (N=87) of the admitted youth were from the Regina Qu'Appelle Health Region. This is inconsistent with other provincial youth facilities including Calder Centre (located in the Saskatoon Health Region) who shared with the Working Group that 30% of their admissions are from Saskatoon and the rest from other areas of the province. Table 1 shows the breakdown of admissions by place of residence (indicated by health region).

Table 1: Admissions by Health Region (April 1, 2006 to March 31, 2007)

Home Health Region	Admissions (N=140)
Regina Qu'Appelle	87 (62.1%)
Saskatoon	14 (10%)
Sunrise	16 (11.4%)
PA Parkland	7 (5%)
Sun Country	6 (4.3%)
All Other Regions	10 (7.1%)

Statistics indicate that ten youth were released from the facility under a Community Order, accounting for seven per cent of the admissions.

Most of the youth (91%) admitted to the facility were poly-substance users. The most prevalent drugs of choice included marijuana/hash (119 instances), alcohol (79 instances), crack/cocaine (72 instances), ecstasy (38 instances), mushrooms (27 instances), morphine (25 instances), and crystal meth (18 instances). This data should be interpreted with caution, as it was collected on a "self-report" basis and also does not distinguish between primary drug(s) of choice and secondary, or other drug(s), of choice.

The evaluation used facility data and data shared by Alberta after their enactment of similar legislation to look at whether an appropriate number of youth were receiving services. Given that the Saskatchewan population of 12-17 year olds in 2005 was 92,635, less than one per cent (126 per 100,000) of the youth population in this age group were admitted to the facility for services. In comparison, Alberta indicated that they had provided services to 395 youth in the first year of operation (AADAC, 2007). The 2002 population statistics for Alberta showed a total of 271,110 youth between the ages of 12-17 (Statistics Canada), indicating a slightly higher incidence of youth who require involuntary substance abuse services, but which is still less than one per cent (146 per 100,000).

Finally, the evaluation used stakeholder interviews to collect qualitative data on whether service providers felt there was still a group of youth who fit the criteria but were not receiving services. Interviews with stakeholder revealed that of the four people who were specifically asked if there were youth who met the criteria but were not yet receiving service, two of four said, "yes, kids are being missed", one respondent said "no" and one was neutral. A police officer responded,

> *"Oh for sure. I think so. I think there's lots of kids out there that maybe don't come through...like maybe they're not the ones that we get high reports for. There's probably lots of families that are dealing with stuff on their own, just out of embarrassment or denial,[they] aren't dealing with stuff".*

While the next question will address the possibility that some youth may not have been "severe" enough to require involuntary detox, overall it appears that the youth admitted generally meet the criteria (between 12-17 and using substances). When the percentage of Saskatchewan youth admitted is compared to the percentage of youth admitted to a comparable facility in Alberta, it appears that the percentage of population accessing service is reasonable. Some interviews suggest that there is still a group of youth who are in need of service and are not yet accessing the facility. Since the evaluation, the outreach workers are all in place and it is hoped that all youth who meet the criteria and require service will access the facility.

To what extent are youth's rights protected under this legislation?

This legislation ultimately suspends the civil liberties of youth. The intention of the Act, according to background documents, was to balance the rights of youth's freedom with the province's duty to protect the youth from the harms associated with substance abuse. The intention was to do this by ensuring appropriate processes were in place. If one assumes that the legislation has processes to protect youth's rights, then, for the purpose of this evaluation, the question becomes one of whether the process is always followed.

Anecdotal information from Justice reveals that "most" of the applications to judges have been appropriate. Judges expressed surprise at the high volume of applications considering how new the legislation is. More quantitative data is not available, as those records are the property of the courts and are not releasable to Health.

While very few Community Orders have been given to youth as an alternative to admission to the SYDC, several Community Orders have been given at discharge. While the original documents stated that Community Orders should be available "post Secure Youth Detox", the legislation states that a youth would have to meet the criteria to be given a Community or Detox Order. There is concern around whether after a five to 15 day stay at the facility, a youth would still meet this criteria and subsequently, still qualify for a Community Order. None of the ten youth that were discharged from the facility under a Community Order stayed in SYDC for a full 15 days. The average length of stay for these youth was six days, with a range of three to ten days.

Under this legislation, every youth is to be advised of his or her rights and has the right to appeal. Official Representatives, who are attorneys, meet with the youth upon admission to the facilty and inform them of their rights. Processes are also in place at the facility to ensure that this occurs. The Official Representative in Regina states that youth are "*seen as soon as possible, generally within hours of the physician's assessment*". Interviews also revealed that the youth's rights are explained to them in a way that is understandable for them.

After being told of their right to appeal, many youth chose to do so. Anecdotal information provided to the working group shows that the rate of appeal is similar to the youth inpatient psychiatric unit but the rate of appeals granted is significantly higher.

Number of appeals:

Within the first five days:

- Appealed and granted: ten instances
- Appealed and not granted: 23 instances
- No appeal: 107 instances
- Seven per cent of appeals within first five days result in discharge

Within the second five day period:

- Appealed and granted: five instances
- Appealed and not granted: 16 instances
- No appeal: 78 instances
- Five per cent of appeals within second five days result in discharge

Within the third five day period:

- Appealed and granted: four instances
- Appealed and not granted: two instances
- No appeal: 31 instances
- Eleven per cent of appeals in third five days result in discharge. (This percentage may be slightly higher since by this point in time the youth has been in the facility more than eleven days and their discharge plan would be fairly comprehensive and likely a space for them in treatment or care would be available by the time the panel meets.)

Judging by the number of youth who do appeal, it appears that youth understand their right to appeal. It also appears that the appeal panels are hearing evidence and in some cases denying the appeal and in others releasing the youth.

Of concern was one of the responses on a parent/guardian satisfaction survey, which indicated:

> *"It was very frustrating to have a legal advisor encouraging [client] to fight to get out of the program and lead him to believe he was getting out when he was told to stay by the panel. I would think there are better ways to determine if a youth is brought in without cause".*

Furthermore, stakeholder interviews reveal that stakeholders feel there are a certain number of youth in the facility who should not be there. Of the seven people who were asked if there were youth in the facility who did not meet the criteria, seven of the seven said "yes".

> The Official Representative responded, "*There have been a few that I have seen that in my opinion wouldn't meet the criteria*".

A facility worker responded, "*Yes, yes I have. I think that there's been some cases like I was referring to before where parents or care givers or youth workers have maybe used this as respite...not to say that the kids weren't using whatever, but in my opinion they didn't necessarily meet the criteria you just laid out*".

The youth worker responded, "*I do have...or I did [have] a client who was put into secure youth detox who wanted to be there. And that's one of the criteria that they're not supposed to really want to be there*".

Additionally, one of the respondents who completed a parent/guardian satisfaction survey for an admitted youth noted that he or she was ultimately diagnosed as "not addicted".

Statistics also reveal a number of youth who may have been in the facility but do not meet the criteria. Data collected from the facility shows that the number of youth, who were driven to the facility by someone other than police, is 35 percent [N=39]. Data also shows that seven percent of youth's appeals were granted [N=10] on the first appeal, five per cent [N=5] on the second appeal and 11 percent [N=4] on the third appeal). Finally, in two cases youth were not admitted by the second physician and very recently a youth was admitted as "voluntary".

Overall it appears that the processes that were put in place have been followed. Of concern is the practice of giving youth Community Orders upon discharge from the facility as well as potentially having admitted youth to the facility that do not meet the criteria for admission. It is recommended that:

- Saskatchewan Health should review the criteria of giving Community Orders to youth upon discharge from the facility. While the background documents state that Community Orders should be used pre, post or as an alternative to Secure Detox, the current legislation is written such that the youth would need to meet the criteria for a community order regardless of when it is given.

- The Facility Steering Committee should be asked to review the data on the number of youth who are in the facility but potentially do not meet the criteria for admission and provide feedback to Saskatchewan Health to clarify the criteria and information regarding admission procedures to ensure appropriate application of the Act.

Are services adequate to meet the requirements of this legislation?

There are several resources that are required to meet the programmatic needs created by enacting this legislation including the facility, training and transportation. The province has also chosen to include a number of resources for outreach workers to support this legislation. This legislation is very resource intensive and costly. The evaluation

revealed training, transportation, and availability of physicians as the three areas of concern under this heading.

Education

While Saskatchewan Health and the facility offered several training sessions and consultations around the Province, six of the six respondents stated they wanted or needed more training in this area.

> One of the physicians responded, "*in particular regarding this Act I did not have any training*"
>
> A Regina police officer responded, "*I'm kind of familiar with how it works...*"
>
> A second Regina police officer responded, "*there's over 150...165 Acts that we're responsible for so if you don't use it, you end up losing it. So I think that just because people got training on it last year when it came in that obviously there is going to be tweaks...It would be hard to continue...have some sort of continuance or refresher training absolutely, at some point...*"

Given the high response to this question and the qualitative data that supports further training, it would seem imperative that on-going training around the Act and its related programs be done.

Transportation

Statistics indicate that 91 of the 95 youth who were issued a warrant under this Act were transported to the facility by municipal police or RCMP, with youth workers having transported the remaining four youth. These numbers reveal that transportation may require considerable time and resources from the police and RCMP. However it is the role of these individuals to provide this service and is a service that would be required when a warrant is issued under any other Act or Regulation.

Interviews revealed that transportation to the facility is a perceived significant issue with stakeholders, particularly law enforcement agency staff. Five of the five respondents questioned about transportation expressed concern. Of particular concern was transportation issues once the facility is moved to Saskatoon; although this would no longer be an issue for this police officer, it may be of concern to officials in other areas. One police officer responded,

> "*You've got manpower issues and everything else and you've got two officers that are tied up at the hospital for who knows how long. And then if we have to transport them, it's longer that route. And if this location is going to be in Saskatoon, you better believe that there will be no way that we will do any sort of intervention without a warrant because it's just going to take more than our 12 hours shift*".

In order to address the transportation issues perceived by stakeholders, officials from Health may want to engage in further education and information sessions with law enforcement agencies and other stakeholders and continue to monitor who is transporting the youth to the facility.

Physicians

Through discussions with the Advisory group and stakeholders, lack of physicians available for assessments under the Act in each health region was an area of concern. It was identified that in some health regions there are no physicians either trained or willing to conduct assessments of youth as it pertains to this legislation. As such, many youth need to be transported to Regina or another area for the first assessment to occur.

Ultimately, the evaluation reveals that this legislation is very resource intensive as compared to other detox services. Over and above the high cost of the facility, the Review Panels, Official Representatives and the outreach workers, the time and resources for transportation adds to this resource intensity. Stakeholders also have concerns that more training in using this legislation is required and that transportation of youth to the facility is time consuming and a perceived barrier to accessing services. In addition the lack of physicians continues to be a concern.

It is recommended:

- Saskatchewan Health along with regional health authority staff should provide training sessions with stakeholders, such as physicians, law enforcement agencies, youth workers, and other health region staff, on a consistent basis. All of the people asked whether they want or need more training responded "yes". In order to ensure youth's rights are protected and that stakeholders abide by the regulations of the Act, they must understand the process.
- Saskatchewan Health should continue to monitor the perceived transportation issues, along with providing further education and information session to police and RCMP regarding their role.
- Further attempts should be made to have physicians available in each region for assessment purposes.

Is the Program Meeting its Objectives?

This may be the most difficult question to answer within this evaluation. The lack of research and best practice evidence to use as a proxy coupled with an apparent misunderstanding or miscommunication with the stakeholders around the facility's objectives and their operational definitions causes concern in terms of finding data to answer this question.

The background documents suggest that the objectives of the facility were to provide an opportunity for youth, who met the criteria, to detox and stabilize through the least

intrusive means. The background documents also suggest that the majority of these youth would be unknown to the system.

The data indicates that a little over half of the youth admitted to the facility had prior contact with some type of alcohol and drug service provided by a health region. Fifty-four per cent (N=76) of the youth indicated that they had previous contact with such a service, while 32 per cent (N=45) indicated that they had not. The status of the remaining 14 per cent (N=19) is unknown. These numbers show that many of the youth being admitted are unknown to the alcohol and drug system (albeit not the majority), which is consistent with the intent revealed in background documents.

From the data collected through interviews, it would appear that people understand the facility's goal of detox and instinctively know that the youth need or should obtain a level of stabilization. However, it is unclear what stabilization means within this legislation.

There appear to be no written definitions for either detox or stabilization. Respondents were clear that youth would detox in the facility, meaning clearing their system of drugs or alcohol. Respondents, however, were unclear on whether youth should stabilize in the facility or what that meant. To further confound this concern, some respondents referred to the facility as only providing medical stabilization.

When asked to define stabilization,

> A facility nurse responded, "*Ok stabilization would be when we feel that this youth is stable I guess, in a way that the drugs are out of their system, they've got some education, they've gotten either referred on for help outside. We've either referred them out to another treatment centre, and they've got an environment to go home to that hopefully is a suitable, stable environment. So that we're kind of not shipping them out blindly, you know, that we're setting them up with services or a house or shelter or whatever on discharge*".

When asked what needs the youth have when admitted to the facility,

> A facility worker responded, "*So just the service of having a stable place to be with three squares [meals] a day, and that is huge for a lot of them. I think that service linkage is a big thing that we offer. Follow up; follow up with ADS or with treatment or medical appointments or whatever it is that they need. Getting them hooked up with schools, you know, trying to help them get [in] contact with former employers or whatever*".

Developing operational definitions and communicating the intent of the facility is an area that requires more work before an evaluation can measure whether the facility is meeting its objectives. It is recommended that:

- Operational definitions and criteria be developed for the terms *stabilization* and *detoxification*. These definitions could be formalized within a policy manual. Communication within Health, use of

language could also be guided through the development of a policy manual and;

- Saskatchewan Health should review the original intention of the Act and regions' operationalization of process to ensure that program drift does not occur. The background documents support, and current statistics show, that youth who are new to the system can meet the criteria for admission.

What is the immediate impact of the program and legislation?

Although this question is likely outside the scope of a process evaluation per say, the working group felt it was imperative that the impact of the Act was also examined.

One of the original indicators for this question was the number of youth who leave the facility with a discharge plan. During the time frame of this evaluation, the legislation changed and now the legislation ensures that all youth will have a plan upon discharge. The statistics provided by the facility show that all youth, barring those who were discharged to a medical facility for immediate medical concerns, have left the facility with a discharge plan.

The facility had initially agreed to phone youth and their caregivers or call service providers to collect information on whether youth were following through with at least one service and/or recommendation on the discharge plan. When the facility had first agreed to collect this information no one was aware of the number of youth that would be entering the facility or the time required to complete this task. When the facility was asked for this data they stated it had been more difficult to do this than originally thought. Time constraints, striking employees, and service volumes impacted on their ability to complete this task. As such, no data was available.

Limitations

In drawing conclusions about the meaning of these results, certain limitations must be addressed. The sample size for the interviews and surveys were limited, as such may not be representative or generalizable, particularly, the interviews of stakeholders. The number interviewed was small and those selected and willing, may not represent the group of stakeholders as intended.

Lack of data available from certain sources was also a limitation in this evaluation. When the methodology was originally developed, it was believed data would be available from the courts and Healthline. It was later discovered that this data was not accessible to Health and/or was not able to be collected as intended.

In addition, outreach workers were staffed late into the evaluation process. Statistics will be collected from these workers but the data was not available for this evaluation.

Data regarding substance of choice on admission is self reported by youth and may not be accurate. This could be reduced through employing a tool such as a "lie scale" where fake drugs are incorporated into the list of drugs of use choices and if selected would indicate the youth may be fabricating some of the drugs of choice. Furthermore, although data shows that most youth were poly-substance abusers, it is difficult to ascertain which drug they use most often, what drug causes them difficulties, etc. Having youth rank the order of substances used most often could rectify this difficulty.

Communication around this evaluation, data collection processes, and the Act in general appears to be a concern. For example, consultations were held through SCN regarding changes to the Act. This consultation and analysis of results were done outside of the evaluation-working group and its process, even though questions were asked specifically around areas covered in the evaluation. Unfortunately, the feedback provided through the SCN was very general and difficult to incorporate into specific recommendations.

Conclusion

Overall it appears that this program has been implemented as intended. Although there is not promising or best practice research or statistics to compare these results to, and given the above mentioned limitations a number of recommendations could still me made.

Recommendations

1. **Saskatchewan Health should review the criteria of giving Community Orders to youth upon discharge from the facility**.
   While the background documents state that Community Orders should be used pre, post or as an alternative to Secure Youth Detox, the current legislation is written such that the youth would need to meet the criteria for a Community Order regardless of when it is given.

2. **The number of physicians who are able to assess a youth under the Act needs to increase. Physicians need to be available in each health region.**
   Based on feedback from the Advisory group, the lack of physicians available to conduct assessments under the Act is a concern for many health regions and reportedly impacts their ability to utilize the services available through the legislation.

3. **Saskatchewan Health along with regional health authority staff should consider providing ongoing training sessions and networking opportunities with stakeholders.**
   All of the people interviewed were asked whether they want or need more training responded "yes". In order to ensure youth's rights are protected and that stakeholders abide by the regulations of the Act, they must understand the processes associated with the legislation.

4. **Saskatchewan Health should monitor and conduct a further review of transportation needs.**
Interviews revealed that at the time of this evaluation transportation to the facility was a significant perceived issue with stakeholders. This may no longer be the case as there have been changes made to the legislation, but it may still be necessary to monitor this area.

5. **The Facility Steering Committee should be asked to review the data on the number of youth who are in the facility but potentially do not meet the criteria for admission and provide feedback to Saskatchewan Health to clarify the criteria and provide information regarding admission procedures to ensure appropriate application of the Act.**

6. **Saskatchewan Health should be vigilant in monitoring the original intention of the Act and review the regions' operationalization of processes to ensure that program drift does not occur.**
The background documents support, and current statistics show, that youth who are new to the system can meet the criteria for admission.

7. **Saskatchewan Health, in collaboration with health regions should develop operational definitions and criteria for the terms *stabilization* and *detoxification*.**
These definitions could be formalized within a policy manual. Communication within Health and the use of language could also be guided through the development of a policy manual. This would ensure consistent service delivery and application of the Act.

8. **Saskatchewan Health and the Project Hope Implementation and Evaluation Advisory Committee should review the evaluation and data collection processes.**
As some data was not able to be collected, (e.g., follow up data from the facility and information from the courts) and some of the evaluation processes had limitations a review of the lessons learned during the evaluation process should be conducted.

9. **If an outcome evaluation of this program is to be considered, thought should be given by the evaluators to the lack of best practice evidence against which to measure the outcomes, and whether the attribution of outcomes to the facility can even be obtained.**
If this is to be undertaken, a measure such as the Teen Addiction Severity Index (T-ASI) or other similar tool could be used to measure several life domains other than substance abuse.

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Appendix A

Process/Impact Evaluation of Secure Youth Detox in Saskatchewan

Working Group
Terms of Reference

Purpose:

On the recommendation of Graham Addley, Minister of Healthy Living Services, the 2005 fall sitting of the legislature passed a motion to use secure detoxification and stabilization with 12-17 year old youth who due to serious substance abuse were assessed as at risk to themselves or others. *The Youth Drug Detoxification and Stabilization Act,* was also approved at that time and proclaimed on April 1, 2006.

New legislation, programming and service require the government to rigorously evaluate the impact of the legislation and program. A process/impact evaluation is required to examine several aspects including the number of youth served, the population they represent, legal accountability issues and whether the budget, staffing etc. are sufficient for the population served.

The Process/Impact Evaluation Working Group will develop the evaluation methodology, draft evaluation questions, collect and analyze data and write a report.

Mandate:

- Identify Stakeholders
- Develop the evaluation methodology
- Develop evaluation questions
- Develop a Program Logic Model
- Collect data
- Analyze data
- Write a report
- Share with relevant stakeholders

Reporting relationships:

The Process/Impact Evaluation Working Group will report to their immediate supervisor and the group will be directly responsible to the Executive Director of CCB. The group will seek advice and support from the Facility Management Steering Committee and the Advisory Committee for the Implementation and Evaluation of Project Hope.

Membership:

The Advisory committee will be comprised of representatives from:

- Research and Evaluation, CCB, Health
- Project Hope Implementation Team, CCB, Health
- Alcohol and Drug Program Consultants, CCB, Health
- Secure Youth Detox Facility, RQRHA
- Permanent Facility, SRHA

Administrative Support:

The Community Care Branch will provide the administrative support for the working group.

Appendix B

Rationales, Considerations and Changes made during the Process

April 2007

Rationale for use of consent to collect data for the Secure Youth Detox Process/Impact Evaluation

Data collected by Regina Qu'Appelle and other regions includes stats (age, sex, home region, race, etc.) on youth detained or who are being provided a service under *The Youth Drug Detoxification and Stabilization Act*. No identifiable data is being provided to Saskatchewan Health.

Satisfaction Surveys are being used to collect data from youth and caregivers.

Caregivers: Satisfaction surveys are being mailed to caregivers. Upon review of our practice the preamble will be changed from:

Please help us improve out program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank-you.

to read:

Please help us improve our program by answering some questions about the services you have received. You do not have to complete this questionnaire if you do not wish to. There will be no consequences for not completing the form. We are interested in your honest opinions, whether they are positive or negative. This information will be provided to Saskatchewan Health to complete an evaluation of the program. Your personal information will not be provided to Saskatchewan Health. Thank you.

We believe that people who fill out the form and return have consented to sharing their opinions. We do not believe that the questionnaire contains particularly personal or sensitive information. A written consent form will be used.

Youth: Satisfaction surveys are being given to youth at the end of their stay in the facility and staff are requesting the youth fill them out. Staff are leaving the room unless the youth requires assistance to read the form. Upon review we will remind the facility that they need to explain that youth do not have to fill out the form, the information will be shared with Saskatchewan Health for the purpose of evaluation and if they do not fill it out there will be no consequences to them. We will change the preamble from:

Please help us improve out program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you.

to read:

Please help us improve our program by answering some questions about the services you have received. You do not have to complete this questionnaire if you do not wish to. There will be no consequences for not completing the form. We are interested in your honest opinions, whether they are positive or negative. This information will be provided to Saskatchewan Health to complete an evaluation of the program. Your personal information will not be provided to Saskatchewan Health. Thank you.

Approved on:

By:

Appendix C

Logic Model

Input	Activity	Output	Immediate outcome
The Youth Drug Detoxification and Stabilization Act	• Judge reviews applications	• # of applications made to a judge to have the youth apprehended under the Act • # of warrants issued • # of applications denied	• Youth apprehended • Warrant expires without apprehension • Applicant tries to find another source of help for the youth
	• Police encounter a youth who is intoxicated	• # of youth identified by police officers as requiring assessment under the Act	• Youth transported to physician for assessment • Alternative outcome (ie charged)
	• Youth worker takes youth directly to a physician for an assessment	• # of youth who are identified as in need of an assessment and brought directly to physician	• Youth is assessed by a physician
	• 1st physician assesses youth in need of detox	• # of youth who volunteer to undergo detox/stabilization • # of Community Orders • # of Detox Orders • # of youth assessed as not in need	• Alternative outcome • Community supports • Secure facility

	• 2nd physician assesses youth in need of detox	• # of certificates completed with 2nd signature • # of certificates not completed	• Alternative arrangement
	• Renewals of detox orders	• # of 1st renewals (for a total of 10 days) • # of 2nd renewals (for a total of 15 days)	• Additional consults etc. during extended period
	• Youth advised of their rights under the Act	• ORs visit the assessed youth • Youth calls to the CAO	• Written notice of community order or detoxification order provided to youth (contains information on the existence and function of review panels, and the right to appeal) • Assist youth in initiating an appeal • complaints
	• Youth appeals	• # of appeals	• Denied • Granted
	• Provide 6 interim youth detoxification beds at a former unit of the Paul Dojack Youth Centre in Regina	• # of youth admitted to the SYD (where they are from/target group, drugs used, age, etc) • # of days in facility • services and program offered to youth • # of consults • # of medical treatments	• Youth stabilized (medical treatment) • Youth detoxed (adequate length of time spent in facility) • Discharge plan

	• Provide information on the Act via telephone inquiries	• # of calls received at Healthline • # of calls received at SYD	• Public receives information on the Act, procedures to follow and alternative options
Outreach/Outpatient	• Regions to provide proposals for outpatient/outreach services in their region • Regions to provide outreach/outpatient services most appropriate to their region	• # of referrals to addictions services on discharge plans • # of youth encountered that require services under the Act	• consultations • contacts with youth/supervision of CO • assessments • connections to other services • referrals to physician for assessment
Training and education of physicians	• Physicians provided with information regarding the Act	• # of physicians who receive training/education regarding the Act	• Physicians able to (confidently) assess youth in accordance with provisions under the Act • number of appeals granted • number of second assessments that have a different outcome
Produce a facility-generated discharge plan	• Facility drafts discharge plan	• # of activities outlined in discharge plan	• Youth follow through with activities outlined in the plan • Receive follow up services in the community

Appendix D

Time Frame for Completion

Area	Activity	Deliverable	Responsibility	Timeframe
1. Planning/ Framework Design	- organize **working group** - Invite participants - set date - create agenda - set-up on-going meetings	- meetings as needed (invites, agenda, minutes)	Ramona/Cheri	April 2006 On-going
	- draft **Terms of Reference** - solicit feedback from working group - approval from Roger - finalize	- Terms of Reference	Ramona/Cheri	May 2006
	- define goals/objectives of *The Youth Drug Detox and Stabilization Act* - draft evaluation questions		working group	
	- define evaluation scope/type of evaluation	- framework	Cheri/Ramona	May 2006
	- develop a presentation of the framework	- finalized presentation	Cheri/Ramona	May 2006
	- present framework to working group, CCB management, Advisory Committee, facility steering group and HEN for feedback	- logic model	Cheri/Ramona Cheri/Ramona working group	June 2006 on-going June 2006

	- incorporate feedback - develop a logic model - develop a work plan - identify stakeholders and information needs	- work plan	working group working group	June 2006 June 2006
2. Data Collection	-develop form to collect facility data - code and input data - develop form to collect OR data -code and input data - develop parent satisfaction survey and develop youth satisfaction form - score and input data - develop interview guide for DCR - develop interview guide for Police - develop interview guide for Dr. Patel - develop interview guide for ADS workers - develop interview guide for facility staff - develop interview guide for Outreach - invitations/set-up interviews - develop form to record calls made to facility and Healthline - ask REDs to report on COs at their Fall meeting	- form - database - form - database forms database score themes guide interviews transcribe themes form database record numbers/compare to ORs and facility calls form database	Ramona/Cheri Ramona/Natasha Lisa/Cheri/Ramona Ramona Ramona/Cheri/Murray Ramona Jeff/Heather/Cheri Jeff Jeff Jeff/Heather Jeff/Heather Murray/Ramona Cheri Ramona/Lisa	May 2006 July 2006 May 2006 July 2006 January 2007 March – April 2007 Jan 2007 May 2006 Sept 2006 Nov. 2006

	- develop form to collect data from Outreach workers			
3. Analysis	- analyze data to inform amendments to the legislation	discussion interim report recommendations	working group Ramona/Cheri	August 1, 2006
	- analyze data for final report	discussion conclusion recommendations	working group Ramona/Cheri	Spring 2007
4. Report	Write interim report	Report	Ramona/Cheri	June 2006
	Write final report	Report	Cheri	April 1, 2007
	Share results	Present results	Cheri/Ramona	May-June 2007

Appendix E

Secure Youth Detox Process/Impact Evaluation
Work Plan

Evaluation Questions	Indicators	Source of Information	Who is responsible for data collection	Analysis of Information
Who are the youth being served under this legislation?	➢ number of youth/ ➢ percentage of population ➢ sex ➢ age ➢ drugs used, drug of choice ➢ home region ➢ how they accessed the legislation ➢ race ➢ #/type of youth missed	➢ SYD facility ➢ interviews	➢ SYD facility ➢ Jeff/working group	➢ Descriptive stats ➢ content analysis
To what extent are youth's rights protected under this Act?	➢ # of youth seen by OR ➢ # of appeals ➢ # of youth released ➢ # of times a youth who does not meet	➢ SYD facility ➢ data collection form by ORs	➢ SYD facility ➢ Regina Region ➢ Jeff /working group	➢ Descriptive stats ➢ Content Analysis

	criteria is admitted to facility ➢ # of inappropriate applications denied by judges	➢ Adolescent inpatient unit ➢ interviews ➢ Courts		
Are services adequate to meet the requirements of the legislation?	➢ # and type of resources under the Act ➢ # and type of training offered ➢ transportation/facility location ➢ public awareness (number of applications, # of calls to the facility, # of calls to Healthline) ➢ outpatient/outreach staff ➢ # of professionals who reported needing more resources ➢ # of youth for whom program met needs ➢ # of youth who got program expected ➢ #of parents satisfied	➢ satisfaction survey ➢ interviews ➢ literature and program review	➢ SYD facility ➢ Jeff /working group	➢ Content Analysis

To what extent are the objectives of this legislation being met?	➢ # of youth detoxed ➢ # of youth stabilized ➢ length of stay ➢ # of repeat admissions ➢ where are youth discharged ➢ where youth discharged to ➢ # of youth satisfied ➢ # of parents satisfied ➢ # who would recommend program	➢ interviews	➢ Jeff /working group	➢ Content analysis
Are youth connecting with services upon discharge or after receiving a CO?	➢ # of youth who leave facility with a discharge plan ➢ # of youth who attend at least one appointment with one support on this discharge plan ➢ # of youth who attend at least one appointment with an outreach worker or service that worker brokers	➢ Follow-up by SYD ➢ data collection form from outreach workers	➢ SYD ➢ outreach workers	➢ descriptive stats

Appendix F

Secure Youth Detox Facility
Client Satisfaction Questionnaire

Please help us improve our program by answering some questions about the services you have received. You do not have to complete this questionnaire if you do not wish to. There will be no consequences for not completing the form. We are interested in your honest opinions, whether they are positive or negative. This information will be provided to Saskatchewan Health to complete an evaluation of the program. Your personal information will not be provided to Saskatchewan Health. Thank you.

1. How would you rate the quality of service you received here in the facility?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the services you expected?

4	3	2	1
Yes, definitely	Yes, generally	No, not really	No, definitely not

3. To what extent has our program met your needs?

4	3	2	1
Almost all of my needs met	Most of my needs met	Only a few of my needs met	None of my needs met

4. If a friend were in need of similar help, would you recommend our program to him/her?

4	3	2	1
Definitely recommend	Probably recommend	Probably not recommend	Definitely not recommend

5. How satisfied were you with the amount of help you have received?

4	3	2	1
Very satisfied	Mostly satisfied	Somewhat satisfied	Not satisfied at all

6. Have the services you received helped you deal more effectively with your problems?

4	3	2	1
Really helped me	Mostly helped me	Somewhat helped me	Didn't help at all

7. If you needed to seek help again, would you ask to come back to our program?

4	3	2	1
Definitely ask to come back	Probably ask to come back	Maybe ask to come back	Wouldn't ask to come back

Secure Youth Detox Facility
Client Satisfaction Questionnaire

8. What services provided at the facility were most helpful to you?

9. Please rate your confidence in your ability to use the skills you have learned here.

10. Do you have any other comments or suggestions?

Appendix G

Secure Youth Detox Facility
Parent/Guardian Satisfaction Questionnaire

Please help us improve our program by answering some questions about the services you have received. You do not have to complete this questionnaire if you do not wish to. There will be no consequences for not completing the form. We are interested in your honest opinions, whether they are positive or negative. This information will be provided to Saskatchewan Health to complete an evaluation of the program. Your personal information will not be provided to Saskatchewan Health. Thank you.

1. How would you rate the quality of service you received through the process of having the youth placed in the Secure Youth Detox facility?

4	3	2	1
Excellent	Good	Fair	Poor

2. Was the process easy to follow?

4	3	2	1
Yes, easy to follow	Mostly easy to follow	Somewhat easy to follow	Difficult to follow

3. Did the youth receive the types of services you expected them to receive?

4	3	2	1
Yes, definitely	Yes, generally	No, not really	No, definitely not

4. To what extent has our program met the youth's needs?

4	3	2	1
Almost all of youth's needs met	Most of youth's needs met	Only a few of youth's needs met	None of youth's needs met

5. If someone else you knew were in need of similar help, would you recommend our program to him or her?

4	3	2	1
Definitely recommend	Probably recommend	Probably not recommend	Definitely not recommend

6. Do you think that the services the youth received will help them to deal more effectively with their problems?

4	3	2	1
Helped a lot	Helped in some ways	Helped a little	Didn't help at all

Secure Youth Detox Facility
Parent/Guardian Satisfaction Questionnaire

7. Do you think that the services provided will help you deal more effectively with the problems you are experiencing with the youth?

4	3	2	1
Really help me	Mostly help me	Somewhat help me	Won't help at all

8. If you needed to seek help again, would you use this program again?

4	3	2	1
Definitely use program again	Probably use program again	Maybe use program again	Wouldn't use program again

9. What services provided at the facility do you think were the most helpful for the youth?

_____

_____

_____

10. Do you have any other comments or suggestions?

_____

_____

_____

11. While your son/daughter was at the Secure Youth Detox facility, they worked on a detailed discharge plan. Could you please describe how successful they were in carrying out the plans after discharge?

_____

_____

_____

Appendix H

Interview Guide for Official Representatives

I would like to thank you for taking some time out of your schedule today to talk with me. I am conducting this interview on behalf of Saskatchewan Health to gain varying perspectives on *The Youth Drug Detoxification and Stabilization Act* and the related Secure Youth Detox Center. The Secure Youth Detox Process and Impact Working Group is currently evaluating the program and related facilities, and your input today will help us determine what direction we need to take the program in order to ensure the programming is effective and that available resources are being utilized efficiently.

The following interview will take the form of an open discussion where you can feel free to voice any opinions, criticisms, or questions about *The Youth Drug Detoxification and Stabilization Act* or the Secure Youth Detox Center. I will ask you a few questions and tape record your answers today. Your answers will be kept strictly confidential and once this interview has been transcribed the recording will be destroyed. As well, your name will never be attached to any of your responses. Are you comfortable having this interview tape recorded? Feel free to interrupt me at any time if you need clarification on a question, and I will do the same if I require clarification from you. Are there any questions before we begin?

1. I would like to start by asking some questions around the rights of youth who are involuntarily apprehended under the *Youth Drug Detoxification and Stabilization Act.*

Does the Act have enough checks and balances in place to ensure that a youth's rights are protected?

How are the youth being advised of their rights?
Probe – Do the youth understand their rights and the processes involved?
Probe – Is this being done in a timely manner?

Are youth advised of other rights they have such as calling the Children's Advocate Office?

2. The next set of questions deals with youth who have been certified for an involuntary Detoxification Order.

How many different times do you see a youth after their apprehension under the Act?
Probe – How long do you spend with the youth at each meeting?

Do you feel there are youth, or have been youth, in the Center who have a good case for an appeal but choose to stay?

Have you attended an appeals panel where you felt the decision was difficult?
Probe – Which direction do you think the panel would lean in their decision?

Do you think it is necessary for Official Representatives to have an understanding of addictions in order to better represent youth who are appealing their certification under the Act?

How and when are the parents or guardians of the apprehended youth involved in the process?

Do you have any other concerns with the entire process?

Do you have any further questions or comments?

Thank you for your time on this matter. Being the only Official Representative that we are interviewing we are asking if it would be ok to contact you in the future for permission to quote specific passages from this interview should the need arise. Would you offer your permission for us to do so?

Appendix I

Interview Guide for Facility Workers

I would like to thank you for taking some time out of your schedule today to meet with me. I am conducting this interview on behalf of Saskatchewan Health to gain varying perspectives on *The Youth Drug Detoxification and Stabilization Act* and the related Secure Youth Detox Center. The Secure Youth Detox Process and Impact Working Group is currently evaluating the program and related facilities, and your input today will help us determine what direction we need to take the program in order to ensure the programming is effective and that available resources are being utilized efficiently.

The following interview will take the form of an open discussion where you can feel free to voice any opinions, criticisms, or questions about *The Youth Drug Detoxification and Stabilization Act* or the Secure Youth Detox Center. I will ask you a few questions and tape record your answers today. Your answers will be kept strictly confidential and once this interview has been transcribed the recording will be destroyed. As well, your name will never be attached to any of your responses. Are you comfortable having this interview tape recorded? Feel free to interrupt me at any time if you need clarification on a question, and I will do the same if I require clarification from you. Are there any questions before we begin?

1. I would like to start by asking you some questions regarding the services that are provided at the Secure Youth Detox facility.

What needs do the youth have when they are admitted to the facility?
Probe – How does the facility meet these needs?
Probe – Do you feel that there are any needs that the facility is unable to address? If so, why?

What programming are youth being provided with at the facility?
Probe – Are individual programs designed on a client- to-client basis?

How does the facility define detoxification?

Do you feel that the facility is able to detoxify the youth who are admitted?

What criteria does the facility use to assess changes in the levels of detoxification shown by the youth during their stay?

How does the facility define stabilization?

Do you feel that the facility is able to stabilize the youth who are admitted?

What criteria does the facility use to assess changes in the levels of stabilization shown by the youth during their stay?

Our statistics show that some youth who have been to the center have been re-admitted at a later date. Why do you think this is?
Probe – Do you think that this is a positive or a negative thing?

Are there any changes you would like to see made at the facility?

2. I would like to continue by asking some questions around the purpose of *The Youth Drug Detoxification and Stabilization Act* (which I will hereon after refer to as the "*Act*"). The *Act* allows for the involuntary detoxification and stabilization of 12-17 year old youth who are substance dependent, at risk or danger to themselves or others, resistant to interventions, challenging for professionals to engage in services, and typically not serviced on a voluntary basis.

Of the youth who have been admitted to the facility, do you feel that there were any youth who did not meet the criteria or did not need to be detoxified and stabilized?
Probe – Can you provide an example of a youth who would not meet the criteria?

Under what circumstances would a youth typically get released on an appeal?
Probe – Are there any kids who should not be there that end up staying because they choose not to appeal?

How and when are the parents or guardians of the apprehended youth involved in the process (appeals or otherwise)?

Are there any changes that you would like to see made to this legislation?

3. Before being released, youth are provided with a detailed discharge plan, which outlines programs and services that would be beneficial for the youth to participate in.

How are the youth involved in the process of creating a discharge plan?
Probe – Whom do they call?
Probe – How much time do they put into their plans?
Probe – Is anyone else involved?

4. **Do you have any recommendations for the permanent facility currently under construction in Saskatoon?**
Probe – What kind of staffing mix would be suitable?
Probe – Are any additional resources needed?

5. Thank you for taking the time to participate in this interview and share your experiences and opinions in regards to the Act.

Do you have any other questions or comments that you would like to address at this point?

Appendix J

Interview Guide for Youth Workers

Thank you for meeting with me today. I am conducting this interview on behalf of the Secure Youth Detox Evaluation Working Group which includes representatives from Saskatchewan Health and Regional Health Authorities. We are doing interviews with a variety of people to gain varying perspectives on *The Youth Drug Detoxification and Stabilization Act* and the related Secure Youth Detox Center. Your input will help us determine the extent to which the needs of the target group are being met, whether the program is having the desired impact, and ensure that youth's rights are protected in the process.

While I have a few questions that I would like to ask, I would also like this interview to be an open discussion where you feel free to voice any opinions, criticisms, or questions about *The Youth Drug Detoxification and Stabilization Act* or the Secure Youth Detox Center. For my own purposes, I would like to record this interview. I will keep your answers strictly confidential and once I transcribe the interview I will destroy the recording. As well, I will not attach your name to any of your responses or identify you in the final report. Are you comfortable having this interview tape recorded?

Feel free to interrupt me at any time if you need clarification on a question or if you wish to take a quick break. Are there any questions before we begin?

1. I would like to start by asking some questions around the purpose of *The Youth Drug Detoxification and Stabilization Act* (which I will hereon after refer to as the "*Act*"). The *Act* allows for the involuntary detoxification and stabilization of 12-17 year old youth who are substance dependent, at risk or danger to themselves or others, resistant to interventions, challenging for professionals to engage in services, and typically not serviced on a voluntary basis.

> **Can you tell me what you see your role as being under this *Act*?**
> *Probe - How do you feel about this role?*
>
> **What kind of training did you receive around this *Act*?**
> *Probe – Was this enough?*
> *Probe – What else would be helpful?*
>
> *None – Would you be interested in attending training or education to familiarize yourself with the Act? Why or why not?*

2. Now I would like to ask you some specific questions about the *Act*. To qualify under this *Act*, a youth must be suffering from severe drug addiction or drug abuse and be at risk of danger or harm to themselves or others.

> **Do you feel that your level of knowledge of addictions would allow you to assess whether a youth meets the criteria under this *Act*?**
> *Probe – Why or why not?*

What factors would you take into consideration when making this assessment?
Probe – What information would be essential?
Probe – Do you feel that you have access to all of the information that would help you to determine whether the youth meets the criteria?

If you were aware of a youth who may qualify under this *Act* what would you do?
Probe – Who would you involve?

Next I would like to ask you about some statistics regarding the youth that have been to the Centre in its first year of existence (insert here):

Based on these statistics and your knowledge, are there any groups of kids we are missing?

3. The *Act* allows parents, youth workers like yourself, or someone who has a close personal relationship to the youth to make an application for a warrant of apprehension or to take the youth directly to a physician for an assessment under this *Act*.

Have you ever applied for a warrant of apprehension under this *Act*?
If yes: What was your experience?
If no: Is there a reason for this?

Have you ever taken a youth directly to a physician for an assessment?
If yes: What was your experience?
If no: Is there a reason for this?

Under what circumstances would you refer a youth to access alternative, voluntary services?
Probe – What kinds of services would you suggest?

Would you consider using this *Act* (again)?
Probe – Why or why not?

4. If a physician feels that the youth is substance dependent and at risk of harm or danger to themselves or others, he or she may issue a Detoxification Order for secure detoxification and stabilization or a Community Order requiring youth to engage in treatment services within their community.

In your opinion, does secure detoxification and stabilization complement other kinds of services that are available?
Probe – Does a Community Order complement existing services?
Probe – Do you think there are better alternatives to involuntary detox? explain.

Do you feel that having youth detained for detoxification and stabilization is worth the process of going to a judge and getting 2 physician assessments?
Probe – Why or why not?

Would you incorporate this legislation into your case planning?
Probe – Why or why not?

5. This legislation was implemented in April 2006 and is unique because it allows youth to be detained for detoxification and stabilization. Depending on the results of ongoing assessments, youth may be detained for up to 15 days.

What is your opinion on using involuntary detoxification and stabilization to treat youth who are substance abusers and at risk of harm or danger to themselves or others?
Probe – What is your opinion on the amount of time that youth may be involuntarily detoxed and stabilized?

From the perspective of a youth worker, are there any changes that you would like to see made to this legislation?

6. Thank you for taking the time to participate in this interview and share your experiences and opinions in regards to the *Act*.

Do you have any other questions or comments that you would like to address at this point?

Appendix K

Interview Guide for Physicians

I would like to thank you for taking some time out of your schedule today to meet with me. I am conducting this interview on behalf of Saskatchewan Health to gain varying perspective on *The Youth Drug Detoxification and Stabilization Act* and the related Secure Youth Detox Center. The Secure Youth Detox Process and Impact Working Group is currently evaluating the program and related facilities, and your input today will help us determine what direction we need to take the program in order to ensure the programming is effective and that available resources are being utilized efficiently.

The following interview will take the form of an open discussion where you can feel free to voice any opinions, criticisms, or questions about *The Youth Drug Detoxification and Stabilization Act* or the Secure Youth Detox Center. I will ask you a few questions and tape record your answers today. Your answers will be kept strictly confidential and once this interview has been transcribed the recording will be destroyed. As well, your name will never be attached to any of your responses. Are you comfortable having this interview tape recorded? Feel free to interrupt me at any time if you need clarification on a question, and I will do the same if I require clarification from you. Are there any questions before we begin?

1. I would like to start by asking some questions around the purpose of *The Youth Drug Detoxification and Stabilization Act* (which I will hereon after refer to as the "*Act*"). The *Act* allows for the involuntary detoxification and stabilization of 12-17 year old youth who are substance dependent, at risk or danger to themselves or others, resistant to interventions, challenging for professionals to engage in services, and typically not serviced on a voluntary basis.

Can you tell me what you see your role as being under this *Act*?

2. To qualify under this *Act* a youth must be suffering from severe drug addiction and must be at risk of harm to themselves or others.

When a youth is brought to you for an assessment, do you feel confident in being able to determine whether he or she meets this criteria under the *Act*?
Probe – Why or why not?
Probe – What would assist you to make that determination?

What tools do you use to make an assessment?
Probe – Why would you choose this/these particular tool(s)?

What other information do you take into consideration when making an assessment?

Have you had the opportunity to consult with anyone else, such as the individual who has referred the youth for an assessment?

Do you feel that the type of information that would help you to assess the youth is readily available to you?

Would it be helpful to have a non-medical source, such as an addictions worker or social worker, present to assist in making assessments?
If yes: Who would you like to see involved in this process? What would be most useful about this?
If not: Why?

What kinds of training or education opportunities have been offered to you to help clarify your role and functions under this *Act*?
Probe – Was it adequate?
Probe – What else would have been helpful?

None – Would you be interested in attending training or education to familiarize yourself with the Act? Why or why not?

3. When you are assessing a youth that meets the criteria under this Act, you may issue a Detoxification Order or a Community Order.

Under what circumstances would you typically determine that a Detoxification Order is necessary?

Under what circumstances would you typically determine that a Community Order is necessary?

Have you assessed any youth under this Act who did not meet the requirements for a Detoxification Order or Community Order?
If no: If this circumstance were to arise, what would you do?
If yes: What did you do?

4. Our statistics show that, while some Community Orders have been issued, most youth who are assessed by a physician who meet the criteria under this *Act* are issued Detoxification Orders.

What do you feel is the reason for this?

Do you feel pressure to issue a Detoxification Order under certain circumstances?
Probe – What are the sources of the pressure?
If yes: Can you explain?

5. This legislation was implemented in April 2006 and is unique because it allows youth to be detained for detoxification and stabilization.

From the perspective of a physician, are there any changes that you would like to see made to this legislation?

6. Thank you for taking the time to participate in this interview and share your experiences and opinions in regards to the *Act*.

Do you have any other questions or comments that you would like to address at this point?

Appendix L

Interview Guide for Police Officers

Thank you for meeting with me today. I am conducting this interview on behalf of the Secure Youth Detox Evaluation Working Group which includes representatives from Saskatchewan Health and Regional Health Authorities. We are doing interviews with a variety of people to gain varying perspectives on *The Youth Drug Detoxification and Stabilization Act* and the related Secure Youth Detox Center. Your input will help us determine the extent to which the needs of the target group are being met, whether the program is having the desired impact and ensure that youth's rights are protected in the process.

While I have a few questions that I would like to ask, I would also like this interview to be an open discussion where you feel free to voice any opinions, criticisms, or questions about *The Youth Drug Detoxification and Stabilization Act* or the Secure Youth Detox Center. For my own purpose, I would like to record this interview. I will keep your answers strictly confidential and once I transcribe the interview I will destroy the recording. As well, I will not attach your name to any of your responses or identify you in the final report. Are you comfortable having this interview tape recorded?

Feel free to interrupt me at any time if you need clarification on a question or if you wish to take a quick break. Are there any questions before we begin?

This first set of questions are more general questions based on addictions and related areas.

1. **Please describe your level of familiarity with *The Youth Drug Detoxification and Stabilization Act*?**

   If unfamiliar...or add what they miss...allows for the involuntary detoxification and stabilization of 12-17 year old youth who are substance dependent, at risk or danger to themselves or others, resistant to interventions, challenging for professionals to engage in services, and typically not serviced on a voluntary basis. The Act allows for a police officer to apprehend a youth who is suffering from severe drug addiction or drug abuse and is at risk of danger or harm to themselves or others. The youth is then transported to a physician for an assessment to determine whether a Community Order or Detoxification Order is necessary. It should also be stressed that this facility and this Act are for detoxification and stabilization purposes only, not for involuntary treatment.

   Are you familiar with the Secure Youth Detox Centre in Regina?

   If unfamiliar describe that it is funded by Saskatchewan Health and operated by Regina Qu'Appelle and Corrections and Public Safety in a former unit of the Paul Dojack Centre and will be permanently located in Saskatoon in 2008.

   What is a police officer's role when they encounter a youth who they suspect is under the influence of drug's or alcohol?

   Probe – are there formal rules? Protocols?

Given that this Act was proclaimed on April 1, 2006, has the existence of this Act changed your role, as you see it, when encountering a youth who is intoxicated?

Do you feel that this legislation provides a viable alternative to other options, such as charging youth?

Probe – Are there circumstances when you would you consider a drug or alcohol related behavior to be a health issue as opposed to a criminal issue?

Can you describe any other alternatives for dealing with youth who are intoxicated, that would assist you in doing your job or would better meet the needs of youth?

During your career have you been offered any training to assist you in assessing a youth's level of intoxication?

What is your level of confidence in determining the extent of a youth's intoxication and the type of drug being used [potential for addiction vs. use]?

In your experience, how often do you encounter youth who you feel meet the criteria of this Act and are not engaged with any services?

Probe – How would you deal with these youth?

2. Here are some statistics of the 100 + kids that have been to the Centre since April 1, 2006 (insert statistics here).

Based on these statistics and your knowledge, are there any groups of kids we are missing?

3. These next few questions are more specific questions that pertain in particular to the Secure Youth Detox Centre itself, and the related Youth Drug Detoxification and Stabilization Act.

Provincially, to date, over 100 youth have been admitted to the Secure Youth Detox Center for detoxification and stabilization. Our statistics show that without a warrant, none of these youth have been brought directly to a physician by a police officer. Based on your experience and knowledge of this legislation, what do you think the reason for this may be?

4. The legislation allows a parent, youth worker or someone who has a close personal relationship to the youth to apply to a judge for a warrant of apprehension. If the warrant is granted a police officer may then be asked to apprehend the youth and transport him/her to a physician for an assessment.

Have you apprehended any youth under a warrant?
If no: Go to next question.
If yes: What was your experience in apprehending the youth?

How do you feel about this aspect of the legislation?
Probe – what are the pros and cons of Police providing this service? Do you see any alternative methods of transport?

5. After the first physician has assessed the youth, the youth then needs to be transported to the facility for an assessment by a second physician within 24 hours. Police may be asked to provide the transportation to the SYD Centre.

Have you transported any youth to the SYD Centre?
If yes: What was your experience in transporting youth for the purpose of an assessment?

What would your concerns be in transporting a youth to the facility? Do you see any alternatives?

6. The Act allows for physicians to provide a youth with a Community Order if they do not meet the criteria for an order to attend the facility. Community Orders can contain a number of criteria for youth to follow such as curfews, residence clauses and attendance at Addiction Services.

Do you see police having a role in enforcement of these orders?
No – who would best enforce the orders?
Yes – What do you see the role as being?

7. Thank you for taking the time to participate in this interview and share your experiences and opinions in regards to the *Act*.

Do you have any other questions or comments that you would like to address at this point?

Appendix M

Facility Admissions Collection Form

*Aboriginal Status: 1 = Indian; 2 = Non-Status Indian; 3 = Metis; 4 = Non-Aboriginal; 5 = Inuit

Admi #	ADS Yes/No	Admit Date (dd/mm/year)	Discharge Date (dd/mm/year)	M/F	Date of Birth dd/mm/year	*Abor Status	Residence	Substance(s) of Abuse	Mode of Referral	Transportation to Facility	Appeal	Follow-up Plans	Re-Admit

Appendix N

Summary Chart of Qualitative Data

	Official Representative	Youth Worker	Facility Workers	Physicians	Police Officers	Summary
Do you feel that there are youth who meet the criteria but who are not currently receiving services?		• Yes			• Yes • No • Unsure	• Youth receiving services are the target group.
Do you feel there are youth who have been admitted to the Secure Youth Detox facility that do not meet the criteria?	• Yes, a few	• Yes	• Yes, a couple • Yes, some • Yes, some	• Yes	• Yes	• Youth's rights appear to be protected under this legislation; however, some concerns are raised over whether all of the youth admitted to the facility should have been there.
Have you received any training around the Act?		• No		• No • Not on this Act		• While some training around the Act has been provided it appears that more is needed.
How familiar are you with this Act?					• Kind of familiar • Yes, but could use some refresher training • Read the manual	

Issues identified around resources.					• Could use more than one provincial facility • Youth should be transported in a police car (vs an unmarked vehicle) • Detaining a youth and waiting for assessments to be done is time consuming	• Many respondents feel that more resources are needed in relation to this Act (transportation, etc) as well as more community resources for when youth are discharged.
Issues identified around the legislation.		• Be able to take the youth to the facility and have them assessed there		• May feel pressured to certify youth who have been transported to Regina from remote communities • More provisions for follow up services are needed		

Issues around detoxification and stabilization of youth admitted to the facility.	• Concerns around whether youth should remain in the facility while proper community supports (ie stable housing) are set up		• Medical detox has occurred and youth are referred to follow up treatment or other services as necessary • Providing a discharge plan and follow up services • Community supports • Their medical needs are taken care of • Medications are used to help with the detoxification process • The permanent facility should consider programming	• Need to address the root causes of the addiction		• The objectives of the facility should be more clearly defined.